May 26 8004	4:49PM F	aula D. M	lorris	& Associa	(713)	334-5157	<u>р</u> ,
AY 2 6 2004 8	:	PAPT		TRANSMITTAL	~~		1
🐉					مينح معتم		
Complete and send the	ils form, together	with applicable		Commission P.O. Box 144 Alexandria,	er for Pate 50 Virginia 22		
NSTRUCTIONS: This form	n should be used for	transmitting the ISS		Fax (703) 746-400		ocks 1 through 4	should be completed
NSTRUCTIONS: This for ppropriate. All further corr idicated unless corrected by maintenance fee notifications	•			ification of maintenance is a new correspondence ad	fees will be in dress; and/or	nailed to the curren (b) indicating a ser	t correspondence additional respondence addit
CURRENT CORRESPONDENCE			oruse Block 1)	Note: A certification of the papers. Each adding the papers. Each adding the papers of the papers.	ite of mailing al. This certificational paper, ificate of mail	can only be used : cate cannot be used such as an assignment ing or transmission.	for domestic mailings for any other accomp- nent or formal drawing
PAULA D. MOŘ		TES, P.C.	•		Certificate	of Mailing or Tran	smission
10260 WESTHEIM HOUSTON, TX 77			I hereby certify (States Postal Ser addressed to the transmitted to the	hat this Fcc(s) vice with suff Mail Stop I USPTO, on t	Transmittal is bei icient postage for fi SSUE FEE addres he date indicated be	ng deposited with the irst class mail in an en s above, or being fac- clow.	
				ANN M	PARIE	ALANIZ	(Depositor
				ann	mu	alans	(Si
	to a great section of the			05/26	12004		2
APPLICATION NO. 10/056,121 ITLE OF INVENTION: NO	PILING DATE 01/23/2002 EVEL MESOGENS			DĴNVENTOR Wellinghoff		NEY DOCKET NO. RI-2385(Z)-04	CONFIRMATION. 2627
10/056,121	01/23/2002	ISSUE F	Stephen T. V		sw		
10/056,121 ITLE OF INVENTION: NO	01/23/2002 OVEL MESOGENS	ISSUE F	Stephen T. V	Wellinghoff	sw	RI-2385(Z)-04	2627
10/056,121 ITLE OF INVENTION: NO APPLN. TYPE	01/23/2002 OVEL MESOGENS SMALL ENTITY YES		Stephen T. V	Wellinghoff PUBLICATION FEE	sw	RI-2385(Z)-04 AL FEE(S) DUE	2627 DATE DUE
10/056,121 ITLE OF INVENTION: NO APPLN. TYPE nonprovisional	01/23/2002 OVEL MESOGENS SMALL ENTITY YES NER	\$0	Stephen T. V	Wellinghoff PUBLICATION FEE \$0	sw	RI-2385(Z)-04 AL FEE(S) DUE	2627 DATE DUE
IO/056,121 ITLE OF INVENTION: NO APPLN. TYPE nonprovisional EXAMI KILLOS, Change of correspondence FR 1.363). U Change of correspondence Address form PTO/SB/122	01/23/2002 OVEL MESOGENS SMALL ENTITY YES NER PAUL J address or indication of the control	ART UP 162: f "Fee Address" (37 of Correspondence	Stephen T. V	PUBLICATION FEE \$0 CLASS-SUBCLASS 560-109000 atting on the patent front pup to 3 registered pate, alternatively, (2) the n ng as a member a registe the names of up to 2 r	oage, list (1) to not attorneys ame of a sing ared attorney egistered pate	AL FEE(S) DUE \$0 the PAULA or 1 ASSOC ple or 2	2627 DATE DUE
10/056,121 ITLE OF INVENTION: NO APPLN. TYPE nonprovisional EXAMI KILLOS, Change of correspondence FR 1.363).	01/23/2002 OVEL MESOGENS SMALL ENTITY YES NER PAUL J address or indication of the control	\$0 ART UP 1622 f "Fee Address" (37 of Correspondence	Stephen T. V	PUBLICATION FEE \$0 CLASS-SUBCLASS 560-109000 Inting on the patent front pup to 3 registered pate at alternatively, (2) the nung as a member a registered pate that the names of up to 2 to agents. If no name is	oage, list (1) to not attorneys ame of a sing ared attorney egistered pate	AL FEE(S) DUE \$0 the PAULA or 1 ASSOC ple or 2	DATE DUE 05/26/2004
I0/056,121 ITLE OF INVENTION: NO APPLN. TYPE nonprovisional EXAMI KILLOS, Change of correspondence FR 1.363). U Change of correspondence Address form PTO/SB/12 U "Fee Address" indication PTO/SB/47; Rev 03-02 on Number is required. ASSIGNEE NAME AND I PLEASE NOTE: Unless a been previously submitted (A) NAME OF ASSIGNE	O1/23/2002 OVEL MESOGENS SMALL ENTITY YES NER PAUL J address or indication of the control	ART UP 1622 f "Fee Address" (37 of Correspondence dication form Use of a Customer O BE PRINTED ON 1 below, no assignce cong submitted under se	Stephen T. 1 FEE 2. For prin names of agents OR firm (havi agent) and attorneys (will be prin THE PATENT data will appeas oparate cover. (B) RESIDENCE	PUBLICATION FEE \$0 CLASS-SUBCLASS 560-109000 ating on the patent front pup to 3 registered pate t, alternatively, (2) the n ng as a member a registe it the names of up to 2 r or agents. If no name is nted. ((print or type)) or on the patent, Inclusion	or assignee d. NOT a substite COUNTRY)	AL FEE(S) DUE \$0 The PAULA or 1 ASSOC the 2 or 2 or 3 ata is only appropriate for filing an ass	DATE DUE 05/26/2004 D. MORRIS & LATES P.C.
APPLN. TYPE nonprovisional EXAMI KILLOS, Change of correspondence FR 1.363). U Change of correspondence FR 1.3647. U "Fee Address" indicated PTO/SB/47; Rev 03-02 or Number is required. ASSIGNEE NAME AND I PLEASE NOTE: Unless a been previously submitted (A) NAME OF ASSIGNE SOUTHWEST	O1/23/2002 OVEL MESOGENS SMALL ENTITY YES NER PAUL J address or indication of the control	ART UP 162: f "Fee Address" (37 of Correspondence dication form Use of a Customer O BE PRINTED ON below, no assignce on gubmitted under se	Stephen T. V PRE 2. For printer prin	PUBLICATION FEE \$0 CLASS-SUBCLASS 560-109000 Inting on the patent front pup to 3 registered pate t, alternatively, (2) the n mg as a member a registe in the names of up to 2 r or agents. If no name is inted. (print or type) ar on the patent. Inclusion Completion of this form is THE: (CITY and STATE OR	or assignee d. NOT a substite COUNTRY)	AL FEE(S) DUE \$0 the PAULA or 1 ASSOC the 3 the 3 the PAULA or 2 the 3 the WS	DATE DUE 05/26/2004 D. MORRIS & A.C. Attes A.C. late when an assignment.
APPLN. TYPE nonprovisional EXAMI KILLOS, Change of corresponder Address form PTC/SB/1Z U "Fee Address" indicatio. PTC/SB/47; Rev 03-02 or Number is required. ASSIGNEE NAME AND I PLEASE NOTE: Unless a been previously submitted (A) NAME OF ASSIGNE SOUTHWEST case check the appropriate a Latte following fee(s) are e	O1/23/2002 OVEL MESOGENS SMALL ENTITY YES NER PAUL J address or indication of the control of the USPTO or is becaused by the control of the CESEARCH assigned dategory or ca	ART UP 1625 f "Fee Address" (37 of Correspondence dication form Use of a Customer O BE PRINTED ON 1 below, no assignce on gubmitted under se (I) INSTITUTE INSTITUTE	Stephen T. V PRE 2. For printer prin	PUBLICATION FEE \$0 CLASS-SUBCLASS 560-109000 Inting on the patent front pup to 3 registered pate t, alternatively, (2) the n ng as a member a registe it the names of up to 2 r or agents. If no name is inted. (print or type) ar on the patent. Inclusion Completion of this form is EE: (CITY and STATE OR SAN ANTO	or assignee d. NOT a substite COUNTRY)	AL FEE(S) DUE \$0 the PAULA or 1 ASSOC the 3 the 3 the PAULA or 2 the 3 the WS	DATE DUE 05/26/2004 D. MORRIS & A.C. LATES P.C. late when an assignment.
APPLN. TYPE nonprovisional EXAMI KILLOS, Change of correspondence FR 1.363). U Change of correspondence Address form PTO/SB/12 U "Fee Address" indicatio. PTO/SB/47; Rev 03-02 on Number is required. ASSIGNEE NAME AND I PLEASE NOTE: Unless a been previously submitted (A) NAME OF ASSIGNE SOUTHWEST case check the appropriate a The following fee(s) are expressions.	O1/23/2002 OVEL MESOGENS SMALL ENTITY YES NER PAUL J address or indication of the control of the USPTO or is becaused by the control of the CESEARCH assigned dategory or ca	ART UP 1625 f "Fee Address" (37 of Correspondence dication form Use of a Customer O BE PRINTED ON 1 below, no assignce on gubmitted under se (I) INSTITUTE INSTITUTE	Stephen T. V FEE 2. For pur names of agents OR fum (havin agent) and attorneys or will be printed as will appearate cover. (B) RESIDENCE rinted on the pub. Payment of U A check in	PUBLICATION FEE \$0 CLASS-SUBCLASS 560-109000 Inting on the patent front pup to 3 registered pater a laternatively, (2) the n ing as a member a registe it the names of up to 2 r or agents. If no name is nted. (print or type) or on the patent. Inclusion Completion of this form is E: (CITY and STATE OR SAN ANTO SAN ANTO atom); assemblatindividuals.	of assignee d. NOT a substite COUNTRY)	AL FEE(S) DUE \$0 the PAULA or 1 ASSOC the 2 and 1 ASSOC the 3 and 1 ASSOC the 4 ASSOC the 4 ASSOC the 4 ASSOC the 5 ASSOC the 6 ASSOC the 6 ASSOC TO CONTRACT PRIVATE S	DATE DUE 05/26/2004 D. MORRIS & A.C. Attes P.C.
APPLN. TYPE nonprovisional EXAMI KILLOS, Change of correspondence FR 1.363). U Change of correspondence Address form PTO/SB/12 U "Fee Address" indicatio. PTO/SB/47; Rev 03-02 on Number is required. ASSIGNEE NAME AND I PLEASE NOTE: Unless a been previously submitted (A) NAME OF ASSIGNE SOUTHWEST Lease check the appropriate a The following fee(s) are e- M Issue Fee Publication Fee	O1/23/2002 OVEL MESOGENS SMALL ENTITY YES NER PAUL J address or indication of the control of	ART UP 1625 f "Fee Address" (37 of Correspondence dication form Use of a Customer O BE PRINTED ON 1 below, no assignce on gubmitted under se (I) INSTITUTE INSTITUTE	Stephen T. 1 FEE NIT 2. For purnames of agents OR firm (having agent) and attorneys or will be printed at a will appearate cover. (B) RESIDENCE inted on the pub. Payment of U A check in U Payment b	FUBLICATION FEE \$0 CLASS-SUBCLASS 560-109000 Inting on the patent front pup to 3 registered pate to the names of up to 2 roor agents. If no name is in the names of up to 2 roor agents. If no name is noted. (print or type) are on the patent. Inclusion Completion of this form is E: (CITY and STATE OR SAN ANTO security: arenty: arenty: arenty: the amount of the fee(s) is ty credit card. Form PTO-	or assigned attorneys of assigned attorney registered pate listed, no name of a substitute of assigned attorney registered pate listed, no name of assigned attorney registered pate listed, no name of assigned attorney registered pate listed, no name of assigned attorney registered pate listed attorney registered registere	AL FEE(S) DUE \$0 the PAULA or 1 ASSOC ple or 2 or 3 ata is only appropriate for filing an ass TK US recorother private g	DATE DUE 05/26/2004 D. MORAIS A 1A-12-S P.C.
APPLN. TYPE nonprovisional EXAMI KILLOS, Change of corresponden Address form PTO/SB/12 U "Fee Address" indicatio PTO/SB/47; Rev 03-02 or Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless been previously submitted (A) NAME OF ASSIGNE SOLUTIONS The following fee(s) are as a The following fee(s) are as Issue Fee Publication Fee U Advance Order - # of C	O1/23/2002 OVEL MESOGENS SMALL ENTITY YES NER PAUL J address or indication of the control	ART UP 1622 f "Fee Address" (37 of Correspondence dication form Use of a Customer O BE PRINTED ON below, no assignee on g submitted under se INSTITUTE icigaries (will not be particularly separates)	Stephen T. V FEE 2. For prin names of agents OR firm (havi agent) and attorneys (will be prin that a will appearate cover. (B) RESIDENCE Tinted on those in L. Payment of L. Acheck in L. Payment of Deposit Acceptage 1.	FUBLICATION FEE \$0 CLASS-SUBCLASS 560-109000 ating on the patent front pup to 3 registered pater ing as a member a register the names of up to 2 ror agents. If no name is need. (print or type) are on the patent. Inclusion completion of this form is EE: (CITY and STATE OR SAN ANTO SAN AN	or assigned attorneys egistered pate listed, no name of a substituted of assigned attorney egistered pate listed, no name of assigned attorney experience of assigned decountry) and the country of a substitute of assigned decountry of a substitute of a su	AL FEE(S) DUE \$0 the PAULA or 1 ASSOC the 2 or 2 or 3 tata is only appropriate for filing an ass TK US recrother private g	DATE DUE 05/26/2004 D. MORAIS LATES P.C. interest an assignment are when an assignment. credit any overpayment opposition of this form).
APPLN. TYPE nonprovisional EXAMI KILLOS, Change of correspondence FR 1.363). U Change of correspondence Address form PTO/SB/12 U "Fee Address" indicatio. PTO/SB/47; Rev 03-02 on Number is required. ASSIGNEE NAME AND I PLEASE NOTE: Unless a been previously submitted (A) NAME OF ASSIGNE SOUTHWEST Lease check the appropriate a The following fee(s) are e- M Issue Fee Publication Fee	O1/23/2002 OVEL MESOGENS SMALL ENTITY YES NER PAUL J address or indication of the control	ART UP 1622 f "Fee Address" (37 of Correspondence dication form Use of a Customer O BE PRINTED ON below, no assignee on g submitted under se INSTITUTE icigaries (will not be particularly separates)	Stephen T. V FEE 2. For prin names of agents OR firm (havi agent) and attorneys (will be prin that a will appearate cover. (B) RESIDENCE Tinted on those in L. Payment of L. Acheck in L. Payment of Deposit Acceptage (1997).	FUBLICATION FEE \$0 CLASS-SUBCLASS 560-109000 ating on the patent front pup to 3 registered pater ing as a member a register the names of up to 2 ror agents. If no name is need. (print or type) are on the patent. Inclusion completion of this form is EE: (CITY and STATE OR SAN ANTO SAN AN	or assigned attorneys egistered pate listed, no name of a substituted of assigned attorney egistered pate listed, no name of assigned attorney experience of assigned decountry) and the country of a substitute of assigned decountry of a substitute of a su	AL FEE(S) DUE \$0 the PAULA or 1 ASSOC the 2 or 2 or 3 tata is only appropriate for filing an ass TK US recrother private g	DATE DUE 05/26/2004 D. MORAIS A LATES P.C. interest when an assignment ignment. credit any overpayment opp of this form).

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FBES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE(S)

PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

05/26/2004

U.S. Patent and Tradement Greek July DePATTURE (TO PC DIMERCE) U.S. Patent and Tradement Greek July DePATTURE (TO PC DIMERCE) U.S. Patent and Tradement Greek July DePATTURE (TO PC DIMERCE) U.S. Patent and Tradement Greek July DePATTURE (TO PC DIMERCE) U.S. Patent and Tradement Greek July DePATTURE (TO PC DIMERCE) U.S. Patent and Tradement Greek July DePATTURE (TO PC DIMERCE) U.S. Patent and Tradement Greek July DePATTURE (TO PC DIMERCE) In July 10/25, 21 1 In		20 2001 7. 70111		11011113 4 1133002						
U.S. Patent and Trademord for use through 28000000 PTOSBAS, 60-603 U.S. Patent and Trademord Reduction 24 of 1985 no persons an imaginating responsible to a collection of Information unless the disabers a valid CMB control number. TRANSMITTAL FORM	151P	E								
U.S. Patent and Trademord for use through 28000000 PTOSBAS, 60-603 U.S. Patent and Trademord Reduction 24 of 1985 no persons an imaginating responsible to a collection of Information unless the disabers a valid CMB control number. TRANSMITTAL FORM	*****	50								
U.S. Peters and Trademark Office. U.S. DPPART IMEN OF COMMENCE AND COM	MAY 2 6 2	2004 6			PTO/SB/21 (08-03)					
TRANSMITTAL FORM (to be used for all correspondence after initial filing) Total Number of Pages in This Submission Total Number of Pages in This Submissi	Ž.			U.S. Patent	t and Trademark Office; U.S. DEPARTMENT OF COMMERCE					
TRANSMITTAL FORM (to be used for all correspondence after usited filing) Filing Date MELLINGHOFF, et al.	PADEM	Under the Paperwork Reduction A	ct of 1995, no person							
FORM (to be used for all correspondence after falled filling) At Unit 1625 Examiner Name Paul J. Killos Totel Number of Pages in This Submission 2 Attorney Docket Number SwR1-2835-04 ENCLOSURES (Check aff that apply) Fee Transmittal Form Drewing(s) Uceranity of Appeal Communication to Board of Appeals and interferences Appeal Communication to Board of Appeals and interferences Appeal Communication to Tro (Appeals and interferences Appeals Communication to Tro (Appeals Communication to Tro (Appeals Communication to Tro (Appeal	The state of the state of		AL	Filing Date						
Examiner Name Paul J. Killos Total Number of Pages in This Submission 2 Attorney Docket Number SwRI-2835-04 Fee Transmittal Form		FORM								
Total Number of Pages In This Submission 2 Attorney Docket Number SwRi-2835-04 ENCLOSURES (Check all that apply)		(to be used for all correspondence a	ufter Initial filing)		1625					
ENCLOSURES (Check all that apply) Fee Transmittal Form					Paul J. Killos					
Fee Transmittal Form	,	Total Number of Pages in This Subm	ission 2	Attorney Docket Number	SwRI-2835-04					
Fee Attached			ENC	LOSURES (Check all that	apply)					
Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm or Individual name Signature Date O5/26/2004 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexendria, VA 22313-1450 on the date shown below. FACSIMILE No.: (703) 746-4000 (ISSUE FEE)		Fee Attached Amendment/Reply After Final Affidavits/declaration Extension of Time Request Express Abandonment Req Information Disclosure State Certified Copy of Priority Document(s) Response to Missing Parts/	n(s) uest ement Remai The is autho	Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Addre Terminal Disclaimer Request for Refund CD, Number of CD(s) rks ssue fee was previously pain prized to charge any addition	to Technology Center (TC) Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Issue Fee transmittal form PTOL-85 (1 page). d. The Commissioner is hereby and fees or credit any overpayments to					
Signature Date O5/26/2004 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexendria, VA 22313-1450 on the date shown below. FACSIMILE No.: (703) 746-4000 (ISSUE FEE)		Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm								
CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. FACSIMILE No.: (703) 746-4000 (ISSUE FEE)		Individual name								
CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. FACSIMILE No.: (703) 746-4000 (ISSUE FEE)		- /mi	- 1/16	grun						
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mall in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. FACSIMILE No.: (703) 746-4000 (ISSUE FEE)		Date 05/26/2004								
sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexendria, VA 22313-1450 on the date shown below. FACSIMILE No.: (703) 746-4000 (ISSUE FEE)		CERTIFICATE OF TRANSMISSION/MAILING								
Typed or printed name										

This collection of Information is required by 37 CFR 1.5. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This follection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Tredemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.

Ann Marie Alaniz

Signature